

Eli's Rehab Report

Industry Notes: Check With Individual Payers' Incident-to Guidelines

If you have been wondering whether you can bill under the physician even if she's not in the office when the speech language pathologist (SLP) performs video strobe or therapy service, here's clarification. If the SLP has no credential with some insurance companies, will the insurance companies reimburse the SLP's service even without "supervision"?

It all depends upon the payer. Keep in mind that to bill something you did not do -- in this case a service (70371, Complex dynamic pharyngeal and speech evaluation by cine or video recording) under a physician's name who did not perform the service and was not even present in the office -- would be fraudulent. However, this practice is quite common for non physician practitioners (NPPs) because the payers don't want to credential them.

What to do: It's safer to get each payer's ruling on this matter in writing to avoid potential problems. For instance, you should find out from each payer if they allow incident to billing (which they probably do since they do not credential the SLP), and if they do allow it, do they require direct supervision (the physician in the office suite). If they require a doctor in the suite (direct supervision), make sure your claim comes from the doctor doing the supervision, not the doctor who ordered the services. Always get the information in writing on the payer's letterhead, because years later when the payer comes after your practice, the person who gave you the information will not be there and you will have nothing to back you up.

Important: Medicare does not allow you to bill out your SLP incident to when the physician is not present in the office suite. The Medicare incident to rules must be followed which includes direct supervision.

Don't Miss These New COT, EOT, and EOT-R OMRA Clarifications

A Nov. 29 CMS clarification document has a "Clarification regarding the relationship between the End of Therapy OMRA and the Day of Discharge" as follows: "In cases where a resident classified into a Rehabilitation or Rehabilitation plus Extensive Services RUG category and does not receive any therapy services for three or more consecutive calendar days and the resident is discharged from the facility on the third day of missed therapy services, then no EOT OMRA is required. More precisely, in cases where the date coded for Item A2000 is the third consecutive day of missed therapy services, then no EOT OMRA is required. Facilities may choose to combine the EOT OMRA with the discharge assessment under the rules outlined for such combination in Chapter 2 of the MDS RAI manual," states the follow-up document.

More: "In cases where the last day of the Medicare Part A benefit, that is the date used to code A2400C on the MDS, is prior to the third consecutive day of missed therapy services, then no EOT OMRA is required. If the date listed in A2400C is on or after the third consecutive day of missed therapy services, then an EOT OMRA would be required. Finally, in cases where the date used to code A2400C is equal to the date used to code A2000, that is cases where the discharge from Medicare Part A is the same day as the discharge from the facility, and this date is on or prior to third consecutive day of missed therapy services, then no EOT OMRA is required. Facilities may choose to combine the EOT OMRA with the discharge assessment under the rules outlined for such combination in Chapter 2 of the MDS RAI manual."

Sometimes Part B Will Pay For Rehab Therapy For A Patient On Hospice

"Although it is allowable to provide Part B therapy to hospice patients, I think it's very difficult to meet the Medicare regulatory requirements outside the hospice benefit," says **Roshunda Drummond-Dye, JD**, associate director of payment policy for the American Physical Therapy Association. "It's totally permissible under the hospice benefit to provide therapy for quality of life. Medicare mandates it under the hospice benefit."

Consultant **Beth Carpenter** says "it's increasingly become hard for medical reviewers who review charts to believe everything isn't related to the hospice diagnosis. For example, if the person has cancer metastasis and breaks a bone,

the medical reviewer will say the fracture is related to the medication the person is receiving or the hospice diagnosis," adds Carpenter, with Beth Carpenter and Associates in Lake Barrington, Ill.

A Clinician's Signature Can Cost Them Money -- And Jail Time

Practitioners should never sign documents without reading them first -- that's the lesson learned from a recent Department of Justice bust that resulted in an occupational therapist (OT) facing 10 years in prison.

A Detroit-based OT pleaded guilty last week of conspiracy to commit health care fraud, and faces not only prison time but a \$250,000 fine. She was an uncertified OT who was hired to create and sign falsified therapy files for a therapy practice, according to the DOJ news release. In fact, however, she never provided these therapy services, the DOJ reports. During the course of her time at the practice, the OT and her employer submitted \$807,760 in false claims to Medicare.

To read the complete news release, visit www.stopmedicarefraud.gov/HEATnews/michigan.html#dec-01-2011.